

The Minnesota Accountable Health Model

PRACTICE TRANSFORMATION RFP
INFORMATIONAL WEBINAR
WEDNESDAY, SEPTEMBER 9, 2015



Welcome to
the Minnesota
Accountable
Health Model
Practice
Transformation
grant
information
webinar

Welcome

- A Questions & Answers (Q&A) document will be posted after the call
- http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=sim_pt_round3#



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Information: [SIM MN Website](http://www.mn.gov/sim), www.mn.gov/sim

Contact: [SIM MN Email](mailto:sim@state.mn.us), sim@state.mn.us

Welcome

- Brief SIM-Minnesota overview
- Practice Transformation grant program
- Proposal requirements
- Review and scoring
- Continuum of Accountability Matrix
- Questions



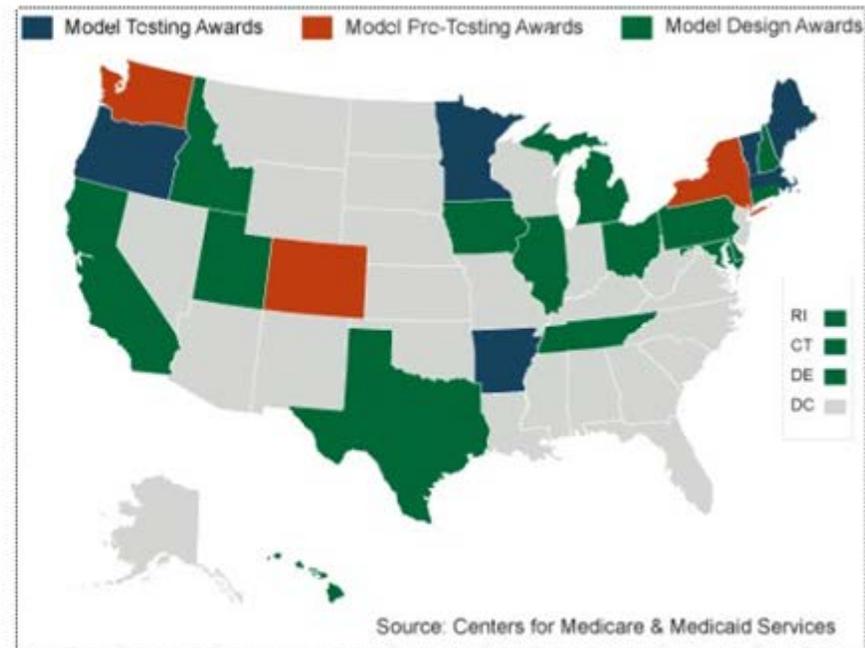
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National State Innovation Model (SIM)

- SIM provides support to develop and test state-based models for payment and health care delivery systems transformation
- Minnesota awarded largest testing grant (\$45.3 million), February 2013
- Five other states also received [SIM testing grants from CMMI](#): MA, ME, VT, OR and AR.

The Participating States



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Minnesota Accountable Health Model Goals

Minnesota's Health Reform Goals

- Improved experience of care
- Improved population health
- Lower costs



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Minnesota Accountable Health Model Test

As a testing grant Minnesota is trying to determine:

- Can we improve health and lower costs if more people are covered by Accountable Care Organizations (ACO) models?
- If we invest in data analytics, health information technology, practice facilitation, and quality improvement, can we accelerate adoption of ACO models and remove barriers to coordinated/integrated care.
- How are health outcomes and cost improved when ACOs adopt Community Care Team and Accountable Communities for Health models to support integration of health care with non-medical services, compared to those who do not adopt these models?



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Five Drivers of Better Health

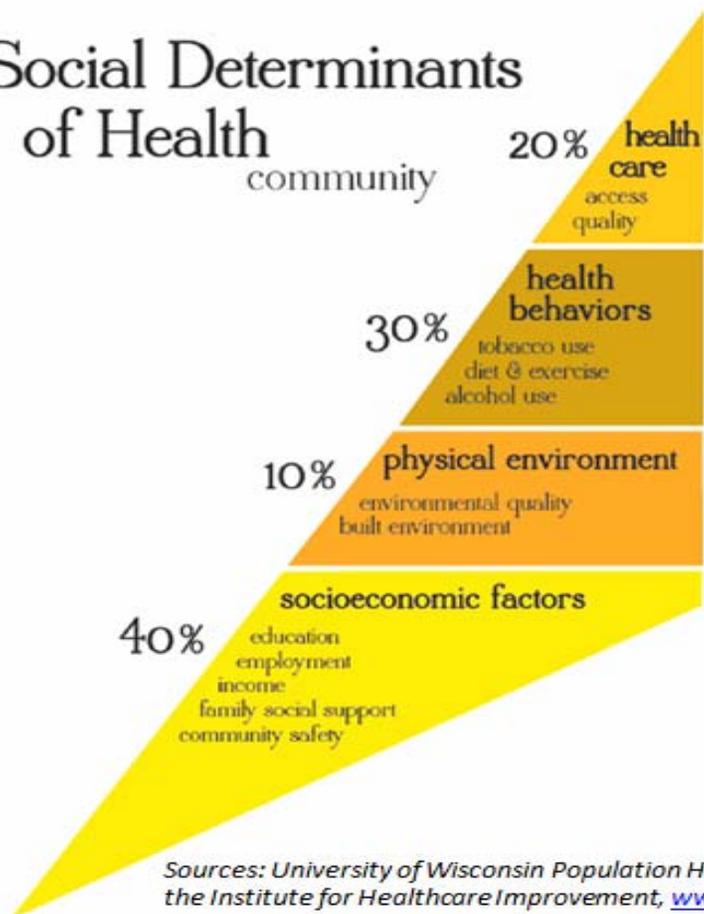
| <i>E-HEALTH</i> | <i>DATA ANALYTICS</i> | <i>COORDINATED CARE</i> | <i>COMMUNITY PARTNERSHIP</i> | <i>ACCOUNTABLE CARE ORGANIZATION</i> |
|--|---|---|--|--|
| Increasing ability to share data for treatment, care coordination and quality improvement between providers. | Understanding data trends to manage cost and improve quality for the Medicaid ACO's | Providing practice transformation, learning opportunities, and integrating new professions to support coordinated care. | Identifying health goals and strategies in partnership with impacted populations. Accountable Community for Health (ACH). | Integrate accountability measures for populations with complex chronic conditions. |



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Social Determinants of Health and Triple Aim

Social Determinants of Health



Triple Aim



Sources: University of Wisconsin Population Health Institute's County Health Rankings, www.countyhealthrankings.org; and the Institute for Healthcare Improvement, www.ihl.org. Figure 1 appears courtesy of the Commons Health Network.



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Overview

- Support behavioral health home first implementers.
- Support participation in practice transformation activities identified in the action plan.

Refer to page 3 of RFP – Goals and Outcomes



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Available Funding and Estimated Awards

- \$390,0000
- \$10,000 per grant
- Up to 39 Practice Transformation grants
- 6 – month period
- Start date approximately January – June 30, 2016

Refer to page 5 of RFP – available Funding and Estimated Awards



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**Funds
may only
be used to
cover:**

Available Funding and Estimated Awards

Staff time and expenses:

- for participating in the first implementers group.
- making progress towards activities in the action plan developed with DHS vendor as a component of first implementers group.

Refer to page 5 & 7 of the RFP



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Grant Timeline

| RFP Activity | Date |
|---|--|
| Informational webinar | Wednesday, September 9, 2015, 11:00am-12:00 pm CDT |
| Proposals due to MDH Hand delivered or by mail | Thursday, October 15, 2015, 4:00 pm CDT |
| Estimated notice of awards | November 16, 2015 |
| Estimated grant start date | January 2016 |

Refer to page 6 of the RFP



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Grant Applicant

The applicant for practice transformation grants must be an agency participating in the BHH first implementers group as recognized by the Minnesota Department of Human Services.

Refer to page 6 of the RFP



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Goals and Outcomes

- The goal is to support a range of:
 - Providers and teams in primary care
 - Social services
 - Behavioral health to participate in transformation activities that help remove barriers to the integration of care.

Refer to page 6 of the RFP



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Goals and Outcomes

To successfully participate:

- complete a transformation project related to preparing for behavioral health home certification.
- must maintain ongoing participation in the first implementers group for the duration of the grant period.

Refer to page 7 of RFP



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Activities and Required Grant Elements

Types of project activities that should be funded include:

Dedicated staff time and expenses for:

- participation in the first implementers group
- making progress towards the action plan developed with DHS vendor as a component of participation in the first implementers group.

Refer to pages 7 of RFP



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Activities and Required Grant Elements

Required Grant Elements

Regardless of the activity identified, the applicant must include the following:

- First Implementer's group members
- Work plan that includes the following deliverables:
 - Participation in the first implementers group.
 - Identify at least one project deliverable from the action plan developed in the first implementers group that you will accomplish through practice transformation related to the BHH certification standards.
 - Process and outcome measures are required for all deliverables.

Refer to page 7 of the RFP



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Minnesota Accountable Health Model: Continuum of Accountability Matrix Assessment Tool

Matrix Assessment Question Example Form F

6. **Referral Processes:** To what extent are referrals documented, tracked for participation and does the referring provider know the results of the referral? Select the level that best represents your organization, and within that level choose the appropriate response by checking the box.

| <u>Pre-Level</u> | <u>Level A</u> | <u>Level B</u> | <u>Level C</u> | <u>Level D</u> |
|--|--|---|---|--|
| <input type="checkbox"/> We do not make referrals to providers or community resources. | Our referral system is informal and staff generally has limited knowledge of referral resources. <input type="checkbox"/> Beginning <input type="checkbox"/> In progress <input type="checkbox"/> Mostly done | Our referral system is somewhat formal and involves providing patients/clients with contact information for referral resources however this does not include follow up. <input type="checkbox"/> Beginning <input type="checkbox"/> In progress <input type="checkbox"/> Mostly done | Our referral processes are established. Referrals are made to providers or to community resources and there is a record maintained of the referral, whether and when the patient/client was seen, and the result of the referral. <input type="checkbox"/> Beginning <input type="checkbox"/> In progress <input type="checkbox"/> Mostly done | Our referral process is formal, well established, referrals are completed in partnership with the patient/client, and includes follow up with the patient/client and referred entity. Data is systematically collected on referrals and used for data analytics such as quality improvement. There is ongoing problem solving with referral resources. <input type="checkbox"/> Beginning <input type="checkbox"/> In progress <input type="checkbox"/> Mostly done |

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_188556



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Grant Application and Program Summary

Applicants must submit proposals in the order listed in the RFP

- Use the fillable template forms provided in Word and Excel posted on the SIM Practice Transformation RFP – Round 3 web page.

Requirement Forms

- Application Face Sheet (Form A)
- Applicant Experience, Capacity, and Project Description (2 pages or less)
- Provider Application (Form B) 2 pages or less
- Work plan and required deliverable (Form C)
- Budget (Form D)
- Budget Justification Narrative (Form E)
- Continuum of Accountability Matrix Assessment (Form F)
<http://www.health.state.mn.us/e-health/mahmassessmenttool.docx>
- **Template forms must be used or will not be accepted.**

Refer to page 9 of the RFP



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Grant Application and Program Summary

- Proposals that are late or do not meet the deadline requirements or are incomplete will **NOT BE ACCEPTED.**



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A. Criteria for grant review:

Applicant Experience and Capacity:
(30 points)

Proposal Instructions

Applicant Experience, Capacity and Project Description Narrative:

- Provide a brief summary, of the applicant's capacity and experience to complete the project, the type of provider you are, and the population you serve.
- Provide a brief description of the practice transformation focus and how it will support your efforts to become a behavioral health home. Include the expected impact it will have on transforming your practice and the population you serve. (2 page limit)

Refer to page 10 of RFP



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B. Criteria for grant review:

Provider Application (25 points)

Proposal Instructions

- In the table below identify the members of your behavioral health home first implementers group and their role in the implementation of the practice transformation project. A project lead must be identified.
- Respond to the questions listed below. (2 page limit-does not include table)

| Team Member Name | Team Role |
|------------------|--------------|
| | Project Lead |
| | |
| | |
| | |
| | |
| | |
| | |

Refer to page 10 & 11 of the RFP



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C. Criteria for grant review:

Work plan and Deliverables.
(30 points)

Proposal Instructions

| Deliverable: Participation in 1 st Implementers Group | | | | | |
|--|---|-------------------------------------|------------------|----------|----------|
| OBJECTIVES | ACTIVITIES and Names of Persons Responsible | TIMELINES (January 2016- June 2016) | TRACKING METHODS | MEASURES | OUTCOMES |
| | | | | | |
| | | | | | |
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D. Criteria for grant review:

Budget and
Budget
Justification
Narrative
(15 points)

Proposal Instructions

Practice Transformation Budget Templates

Form D

- Submit 6 month budget

- Section 1 is a line – item budget
 - Include costs for the applicant agency in the Staff, Fringe, Travel, Supplies, and Other Categories
 - Equipment and Indirect costs are not covered

- Section 2 is a deliverables – based budget (cross – walk with the work plan)

Refer to page of 15 – 18 for instructions and page 27 -29 for the form



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Budget Section 2: Deliverables - based

| Participation in the first implementers group | <u>Avg by Hour</u> | <u>Estimated Hrs</u> | <u>Billable Amt</u> |
|---|--------------------|----------------------|---------------------|
| Staff team members involved in first Implementers group | \$50.00 | 100 | \$5,000.00 |
| Total | | | \$5,000.00 |



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The Budget Narrative provides additional information to justify costs in Form E Budget.

Budget Justification Narrative Form E

Form E: Budget Justification Narrative

The Budget Narrative provides additional information to justify costs in Form D Budget.

Instructions: Provide a narrative justification where requested. The narrative justification must include a description of the funds requested and how their use will support the proposal.

A. Salaries and Wages

This should include all personnel whose work is tied to the proposal.

Narrative Justification (enter a brief description of the roles, responsibilities, and unique qualifications of each position):

B. Fringe

Narrative Justification (provide information on the rate of fringe benefits calculated for salaries and wages):

C. Consultant Costs

Narrative Justification (provide a brief background about the contractor including how previous experience relates to the project. If the contractor has not been selected, include a description of the availability of contractors for the services or product and the method that will be used for choosing a contractor. **Consultants should be identified by name to avoid restriction of funds by CMMI**):

D. Supplies

Describe costs related to each type of supply, either in Budget Form D or below.

Narrative Justification (enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal):

E. Travel

Travel may include costs associated with travel for meetings, community engagement, and other items included in the work plan.

Narrative Justification (describe the purpose and need of travel and how costs were determined for each line item in the budget):

F. Other

Narrative Justification (explain the need for each item and how their use will support the purpose and goals of this proposal. Break down costs into cost/unit: i.e. cost/meeting and explain the use of each item requested):

Refer to page 30 of the RFP



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Proposal Content Requirements

Grant proposals will be scored on a 100 – point scale according to criteria in Section 10: Proposal Instructions.

| Criteria | Maximum Points |
|-----------------------------------|-------------------|
| Applicant Experience and Capacity | 30 points |
| Provider application | 25 points |
| Project Proposal/work plan | 30 points |
| Budget | 15 points |
| Total | 100 Points |

Refer to page 19 of the RFP



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How to submit questions after today

- All of the today's questions and answers, along with others collected earlier will be compiled into a Q&A document and posted on the SIM site.
- Questions regarding this RFP must be submitted in writing by October 9, 2015 through the State Innovation Model website.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=sim_pt_round3#



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How to submit questions after today

- Enter your questions in the survey form

<https://survey.vovici.com/se.as hx?s=56206EE3587DF3AE>



Practice Transformation RFP - Round 3

1. Please tell us about yourself. *

Name
Email address
Organization

2. Submit a question (s) about the Practice Transformation RFP related to the topic above.

Questions and comments will be incorporated into the RFP Q&A that is updated regularly. These questions can be asked and responded to through Friday, October 9, 2015.

* Required

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Please visit the Practice Transformation webpage to obtain the full RFP and required forms

More Information

The screenshot shows the website header with the logo "health reform MINNESOTA" and a navigation menu with links for Home, About, RFPs, Task Forces, Events, and Contact Us. A search bar is located in the top right corner. The main content area features a sidebar with a list of topics including Success Stories, Budget Overview (PDF), and Map: SIM Awards and Counties Served by SIM Funding (PDF). The main heading is "Practice Transformation Grant Program Round 3". To the right, there is a "Quick Links" section with links for News, Resources, Receive Updates, Request a Speaker, and Jobs.

Practice Transformation Round 3

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=sim_pt_round3#



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